

ROCK BROOK SCHOOL
109 Orchard Road, Skillman, NJ 08558
www.ROCK-BROOK.org

Date _____

VOLUNTEER PROFILE

Name _____

Address _____

Home Telephone (____) _____ Cell (____) _____

Email _____

School _____

Major (If appropriate) _____

Emergency Contact and Phone _____

Chronic Illness or Specific Medical Problem - Please Describe: _____

Other Volunteer Activities _____

Special Interests/Skills _____

Availability (Please specify hours each week you want to volunteer):

Age range most interested in working with: _____

How did you hear about our volunteer program? _____

T-Shirt Size _____

Notes _____